




CLAIMANT'S NAME			SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	

[illegible]

CLAIM TOTAL	
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
	PAID BY REVOLVING FUND CHECK NUMBER

<p>(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.</p>			
CLAIMANT'S SIGNATURE		DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE
			
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
			

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(3) MILEAGE RATE CLAIMED

\$166.29

PAID BY REVOLVING FUND CHECK NUMBER

DATE _____